



**Office of the Attorney General
State of Texas
Child Support Division**

JOHN CORNYN
ATTORNEY GENERAL

PATERNITY INFORMATION GATHERING

Form Sequence Number:

Application Sequence Number:

IF YOU ARE NOT THE MOTHER OF THE CHILD OR IF YOU NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CALL OUR OFFICE AT:

SI USTED NO ES LA MADRE DEL NIÑO O SI NECESITA ASISTENCIA PARA COMPLETAR ESTE FORMULARIO, POR FAVOR LLAME AL NÚMERO:

**I. INFORMATION ABOUT YOU (THE MOTHER OF THE CHILD)
(Please Print All Information)**

1. Your full legal name _____ Your maiden name _____
Last, First, Middle Initial

2. What is your relationship to the child(ren)? _____

3. Your mailing address _____
Address City State ZIP Code

4. Your physical address/telephone number _____
Street City

State ZIP Code County Telephone Number

5. Your employer's name/telephone number/address _____
Name Telephone Number

Address City State ZIP Code

6. Please provide the following information about yourself:

Date of Birth	Birthplace (city and state)	Social Security Number	
Driver License or ID number (include state)	Sex	Race	
Height	Weight	Hair color	Eye color
List any physical or mental impairments, medical problems, etc.		What is your language preference ? (check one only) <input type="checkbox"/> English <input type="checkbox"/> Spanish	
List identifying information (for example, glasses, scars, tattoos, marks, etc.)			

7. Give information where we can contact you other than home:

Relationship to you Name Telephone Number

Address City State ZIP Code

Relationship to you Name Telephone Number

Address City State ZIP Code

8. Are you currently receiving TANF (welfare) benefits? ☐ Yes ☐ No Have you received TANF benefits in the past? ☐ Yes ☐ No

If yes, list all dates: _____

9. Are you or the children receiving Medicaid benefits? ☐ Yes ☐ No If yes, please provide the Medicaid number: _____

10. Do you have another attorney or agency helping you with your child support case? ☐ Yes ☐ No If yes, list the name of agency or

attorney and address: _____

11. Are you pregnant now? ☐ Yes ☐ No If yes, who is the biological father? _____

When is the baby due? _____

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12. Please list all marriages (current and previous):

Husband's Name	Date of Marriage	Common law marriage or marriage license?	Date of separation	Date of divorce
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1. His full legal name _____
Last, First, Middle Initial Alias/Nicknames _____

2. Present [] or last known [] address/telephone number _____
Address Telephone Number
City State ZIP Code

3. Current employer's name/telephone number/address _____
Name Telephone Number
Address City State ZIP Code

4. Previous employer's name/telephone number/address _____
Name Telephone Number
Address City State ZIP Code

What is the date you last knew he was with this employer? _____

Approximate current monthly wages \$ _____

If he is unemployed, what does he usually earn? \$ _____ What type of work (plumber, mechanic, fast food, etc.) does he usually do? Answer even if he is unemployed. _____

Date of Birth	Birthplace (city and state)		Social Security Number	
Driver License or ID number (include state)			Sex	Race
Height	Weight	Hair color		Eye color
List any physical or mental impairments, medical problems, etc.		What is his language preference? (check one only) <input type="checkbox"/> English <input type="checkbox"/> Spanish		
List identifying information (for example, glasses, scars, tattoos, marks, etc.)				
Do you have a photograph of the biological father? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include a photograph when you return this form.				

Name	City	State
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Dates of service: From _____ To _____ Did he retire? ☐Yes ☐No

☐ Yes ☐ No If yes, what type of benefits:

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II. INFORMATION ABOUT THE BIOLOGICAL FATHER OF THE CHILD (continued)

10. List information about his vehicle: Year of car/truck _____ Make _____

Model _____ Color _____ License plate number (include state) _____

11. Does he own any land or have any substantial property or assets? ☐ Yes ☐ No If yes, list below:

Real estate _____ Registered vehicles (other than the one listed above) _____

Financial _____ Other _____

12. Please provide information about the biological father's relatives:

His mother's name	His mother's maiden name		Telephone number
Address	City	State	ZIP Code
His father's name			Telephone number
Address	City	State	ZIP Code
Friend or other relative's name			Telephone number
Address	City	State	ZIP Code

13. Provide any other information about the biological father's whereabouts (stays with friends, frequents bars, etc.):

14. Is he a member of a union? ☐ Yes ☐ No If yes, please provide name and location of union:

15. Has he been employed by the federal or state government? ☐ Yes ☐ No If yes, what agency did he work for?

_____ What was his job title? _____

16. What high school/college did he attend? _____

Address of school _____

Address

City

State

ZIP Code

17. Marital Status: Is he currently married? ☐ Yes ☐ No If yes, whom did he marry? _____

When did he marry? _____ Where did he get married? _____

18. Does the biological father have other child(ren) under 18 years of age? ☐ Yes ☐ No If yes, how many? _____

19. Why do you believe this person is the biological father have of your child?

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III. INFORMATION ABOUT THE CHILD

(Please Print All Information)

1. Please complete the following information:

Full legal name of child	First	Middle Initial	Last	Date of birth	Place of birth (city and state)
Child's Social Security Number	Sex	List any physical or mental impairments, medical problems, etc.			
Does the child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Race	Weight at birth (pounds and ounces)		

2. Was this child born (check one) ☐ early? ☐ late? ☐ on time?3. Do you have any other children by the biological father? ☐ Yes ☐ No If yes, please list names: _____4. Does this child have a relationship with the biological father? ☐ Yes ☐ No5. Do you want this child to have the biological father's last name? ☐ Yes ☐ No If no, why not: _____

6. Fathers have visitation rights with their children. Would you have any reason, such as family violence, to want to limit the father's rights to visitation with this child? If so, please list reasons and attach any proof you may have, such as police reports, criminal records, restraining orders, or names, addresses and phone numbers of witnesses.

7. Is this child currently enrolled in a health plan? ☐ Yes ☐ NoIf yes, who is the provider? ☐ Mother ☐ Alleged father ☐ Other _____

What is the cost to cover the child? List amount: \$ _____ per _____ Effective date _____

Name/address of insurance company: _____
Name

Address _____ City _____ State _____ ZIP Code _____

What is the insurance Group Number? _____ Policy Number? _____

IV INFORMATION ABOUT THE MOTHER'S RELATIONSHIP WITH THE BIOLOGICAL FATHER

(Please Print All Information)

1. When was the first time you had sexual intercourse with the biological father? _____ / _____ / _____
Month Day YearWhat was the frequency? _____ When was the last time? _____ / _____ / _____
Month Day Year2. Where did you live when you became pregnant with this child? _____
City State

What was the date of conception? _____

3. Did the biological father live in Texas during the sexual relationship? ☐ Yes ☐ No If no, then what state? _____4. Did the sexual relationship occur in Texas? ☐ Yes ☐ No If no, then what state? _____

5. Who knew of your relationship with the biological father (friends, neighbors, landlord, etc.)?

Relationship to you _____ Name _____ Address _____

Relationship to you _____ Name _____ Address _____

IV. INFORMATION ABOUT THE MOTHER'S RELATIONSHIP WITH THE BIOLOGICAL FATHER (continued)

6. Did the biological father ever admit to you or anyone that he is the father? ☐Yes ☐No

If yes, to whom? _____

What did he say? _____

7. When was the last time you spoke to or saw him? _____ Where? _____

8. What kind of relationship did you have with the biological father? ☐Date regularly ☐Going to get married

☐Living together If so, how long? _____

9. Will he admit he is the father of this child? ☐Yes ☐No If yes, do you think he will sign the necessary papers to become the legal father of this child? ☐Yes ☐No

10. Father's name as listed on birth certificate: _____ Please attach a copy.

11. Has the biological father ever visited this child? ☐Yes ☐No If yes, how often? _____

12. Do you have any letters of proof that the biological father is the father of this child? ☐Yes ☐No If yes, please hold on to the letters.

13. Did the biological father ever give money for bills or for the needs of this child? ☐Yes ☐No If yes, please attach a list of amounts and dates. Keep receipts if you have any.

14. Do the parents of the biological father know about this child? ☐Yes ☐No If yes, have they given the child gifts or money? ☐Yes ☐No Visited this child? ☐Yes ☐No

15. What is the current relationship between the mother and the biological father of the child?

☐Never Married ☐Married ☐Divorced

Date of Marriage Ceremony: _____; County: _____ St: _____

16. If you are divorced or have **any court order** (divorce order, paternity order, custody order, protective order, etc.) of any kind **regarding this child** please attach a copy of the order to this form. **If you are unable to provide a copy of the order, you must provide the following:**

Date	Cause/Case number	County	State	Court

17. Are there any legal actions pending that affect the child listed above? ☐Yes ☐No
pending legal action to this form. **If you are unable to provide a copy you must provide the following:**

Date	Cause/Case number	County	State	Court

Attorney name and address: _____ Telephone Number _____

18. Did you have a sexual relationship with anyone other than the biological father, before, during, or after 90 days of the date that you became pregnant with this child? ☐Yes ☐No If yes, when? _____

Name, address, and telephone number of the person _____

19. Have you or any other person ever named any other man as the father of this child? ☐Yes ☐No If yes, who was named? _____

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V. INFORMATION ABOUT THE PRESUMED FATHER (MOTHER'S LEGAL HUSBAND) (Please Print All Information)

PLEASE COMPLETE THIS SECTION IF YOU HAD A HUSBAND AT THE TIME (WITHIN ONE YEAR) OF THIS CHILD'S CONCEPTION OR BIRTH AND THE HUSBAND IS NOT THE FATHER OF THE CHILD.

- His full legal name _____ Alias/Nicknames _____

Last,
First,
Middle Initial
- Present [] or last known [] address/telephone number _____

Address
Telephone Number

City
State
ZIP Code
- Current employer's name/telephone number/address _____

Name
Telephone Number

Address
City
State
ZIP Code
- Previous employer's name/telephone number/address _____

Name
Telephone Number

Address
City
State
ZIP Code

5. His description:

Date of Birth	Birthplace (city and state)	Social Security Number	
Driver License or ID number (include state)		Sex	Race
Height	Weight	Hair color	Eye color
List any physical or mental impairments, medical problems, etc.			
List identifying information (for example, glasses, scars, tattoos, marks, etc.)			
Do you have a photograph of the presumed father? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please include a photograph when you return this form.			Approximate Birth Year

6. What is the current relationship between the mother and the presumed father of the child?

☐ Never Married ☐ Married ☐ Divorced

Date of Marriage: _____ County: _____ St: _____

If you are divorced or have **any court order** (divorce order, paternity order, custody order, protective order, etc.) of any kind **regarding this child** please attach a copy of the order to this form. **If you are unable to provide a copy you must provide the following:**

Date	Cause/Case number	County	State	Court
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7. Are there any legal actions pending that affect the child listed above? ☐ Yes ☐ No If yes, please attach a copy of the pending legal action to this form. **If you are unable to provide a copy you must provide the following:**

Date	Cause/Case number	County	State	Court
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VI. COMMENTS

Please write any additional comments you may have.

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**VII. ENTIRE HOUSEHOLD
PLEASE PRINT****PLEASE LIST ALL YOUR CHILDREN THAT ARE IN YOUR HOUSEHOLD:**

Full legal name (as shown on birth certificate):	Date of birth:	Name of biological father:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

VIII. REQUIRED SIGNATURE

I declare all information provided in this form is true and correct.

I consent to any action by the Office of the Attorney General to obtain a decree establishing child support or paternity of the child. I understand that the Attorney General of Texas does not represent me.

(Signature)_____
(Date)